MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048218 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12250

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Item	
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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY
   b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Length of stay in 1b:
   c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns Hospt. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo. b. COUNTY:
   c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location): 1117 Riverview Blvd — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: J. Last: Burke Jr.

4. DATE OF DEATH: Month 12 / Day 17 / Year 62

5. SEX: M

6. COLOR OR RACE: W

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/26/94

9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Reg. Credit Mgr.

11. BIRTHPLACE (City and state or country): St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James J. Burke Sr.

13b. MOTHER'S MAIDEN NAME: Mary Finnegan

14. NAME OF HUSBAND OR WIFE: Eleanor M. Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Mrs. E.M. Burke 1117 Riverview Bl

18. CAUSE OF DEATH (Enter only one cause per line f...) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): terminal broncho pneumonia — 48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): pulmonary oedema — 4 days

DUE TO (c): atrial fibrillation 433.1 — 3 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): multiple emboli cerebral and both legs

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from May 1962, to 12/17/62 and last saw him alive on 12/17/62. Death occurred at 8:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm. A. McGuire M.D.

22b. ADDRESS: 6318 Clayton Road

22c. DATE SIGNED: 12/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/21/62

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR — ADDRESS: Robert D. Kinealy 2228 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.: 12-20-1962

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Herbert J. Hamm Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.